Employer:

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1	If the answer is "no," state the date of last employment and the amount of the gross and net								
2	salary and wages per month which you received. (If you are imprisoned, specify the last								
3	place of employment prior to imprisonment.)								
4	CEO. California Employement Opportunit								
5	San Leandro LaliFornia, went out of Busin								
6	and I don't have the other needed information								
7	2. Have you received, within the past twelve (12) months, any money from any of the								
8	following sources:								
9	a.	Business, Profession or	Yes No						
10		self employment							
11	b.	Income from stocks, bonds,	Yes No						
12		or royalties?	,						
13	c.	Rent payments?	Yes No						
14	d	Pensions, annuities, or	Yes No						
15		life insurance payments?							
16	e.	Federal or State welfare payments,	Yes No						
17		Social Security or other govern-							
18		ment source?							
19	If the answer is "yes" to any of the above, describe each source of money and state the amount								
20	received from	m each.							
21		11/4							
22		11/9							
23	3. Are you married? Yes No								
24	Spouse's Full Name: 1/0								
25	Spouse's Place of Employment:								
26.	Spouse's Monthly Salary, Wages or Income:								
7	Gross \$ 1/4 Net \$ 1/4								
8	4. a.	List amount you contribute to your s	spouse's support:\$///						
- 11									

1	b. List the persons other than your spouse who are dependent upon you for							
2	support and indicate how much you contribute toward their support. (NOTE:							
3	For minor children, list only their initials and ages. DO NOT INCLUDE							
4	THEIR NAMES.).							
5	n/0							
6	11/0							
7	5. Do you own or are you buying a home? Yes No							
8	Estimated Market Value: \$/\(\text{\(\mu\)}\) Amount of Mortgage: \$/\(\text{\(\mu\)}\)							
9	6. Do you own an automobile? Yes No							
10	Make $N/Q$ Year $N/Q$ Model $N/Q$							
11	Is it financed? Yes No No If so, Total due: \$ No							
12	Monthly Payment: \$ 1/4							
13	7. Do you have a bank account? Yes No (Do not include account numbers.)							
14	Name(s) and address(es) of bank: ///							
15								
16	Present balance(s): \$ \( \begin{align*} \lambda / \text{G} \\ \end{align*}							
17	Do you own any cash? Yes No Amount: \$ //							
18	Do you have any other assets? (If "yes," provide a description of each asset and its estimated							
19	market value.) Yes No							
20								
21	8. What are your monthly expenses?							
22	Rent: \$ $\frac{N/Q}{}$ Utilities: $\frac{N/Q}{}$							
23	Food: \$							
24	Charge Accounts:							
25	Name of Account Monthly Payment Total Owed on This Acct.							
26	<u>N/a</u> s N/a s N/a							
27	<u>N/9</u> \$ <u>N/9</u> \$ <u>N/9</u>							
28	M/G \$ N/G \$ N/G							
Ŀ								

- 1	9. Do you have any other debts? (List current obligations, indicating amounts and to					
2	whom they are payable. Do not include account numbers.)					
3	$\frac{n}{a}$					
4	N/a					
5	10. Does the complaint which you are seeking to file raise claims that have been presented					
6	in other lawsuits? Yes No/ N/G					
7	Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in					
8	which they were filed.					
9						
10	$\frac{N}{q}$					
11	I consent to prison officials withdrawing from my trust account and paying to the cour					
12	the initial partial filing fee and all installment payments required by the court.					
13	I declare under the penalty of perjury that the foregoing is true and correct and					
14	understand that a false statement herein may result in the dismissal of my claims.					
15	72708 01 + 1 1 1					
16	1. 7200 Mushopher Lee Crowlord					
17	DATE SIGNATURE OF APPLICANT (					
18						
19						
20						

· 1								
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. 1.								
2	Case Number: <u>C-08-02690</u> C							
3								
4								
5								
6								
7								
8	CERTIFICATE OF FUNDS							
9	IN							
10	PRISONER'S ACCOUNT							
11								
12	I certify that attached hereto is a true and correct copy of the prisoner's trust account							
13	statement showing transactions of markers (Internal of for the last six months							
14	Gera Valley State Prisoner name] where (s) he is confined.							
15	I further certify that the average deposits each month to this prisoner's account for the							
16	most recent 6-month period were \$ and the average balance in the prisoner's							
17	account each month for the most recent 6-month period was \$							
18								
19	Dated: 8408 Sanger Rect Deck							
20	[Authorized officer of the institution]							
21								
22								
23								
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REPORT ID: TS3030 .701

REPORT DATE: 07/24/08

PAGE NO:

CALIFORNIA DEPARTMENT OF CORRECTIONS KERN VALLEY STATE PRISON INMATE TRUST ACCOUNTING SYSTEM INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: JAN. 01, 2008 THRU JUL. 24, 2008

ACCOUNT NUMBER : V98835

BED/CELL NUMBER: ASU20000000128U

ACCOUNT NAME : CRAWFORD, CHRISTOPHER

ACCOUNT TYPE: I

PRIVILEGE GROUP: B

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING	TOTAL	TOTAL	CURRENT	HOLDS	TRANSACTIONS TO BE POSTED
BALANCE	DEPOSITS	WITHDRAWALS	BALANCE	BALANCE	
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT

AVAILABLE

BALANCE

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

0.00

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